

MAY 04 2004

NO. 0863 P. 1/15

OFFICIAL

**Medtronic**

Facsimile Cover Sheet

P-9312.00

To: Examiner Odland
Company: U.S. Patent and Trademark Office
Phone:
Fax: 703 872 9306

From: Elisabeth L. Belden
Company:  **Medtronic**
Phone: 763 514 4083
Fax: 763 505 2530

Date: May 4, 2004

**Pages including this
cover page:** 15

Comments: RE: P-9312.00
Serial No. 09/836,017
Applicants: Elisabeth L. Belden et al.
Filed: April 17, 2001
Title: System and Method for Placing a Medical Electrical Lead

Attached please find the following documents:

- X Amendment
- X Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT SUE MCCOY AT TELEPHONE (763) 514-8662 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

BEST AVAILABLE COPY

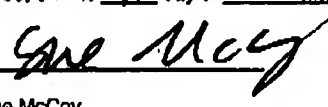
DOCKET NO.: P-8912.00

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL**

In re Application of: Elisabeth L. Belden et al.
For: System and Method for Placing a Medical Electrical Lead
Serial No.: 09/836,017
Filed: April 17, 2001

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telefacsimile No. (703) 872 8306, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4th day of May, 2004.


Signature
Sue McCoy
Printed Name

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

BEST AVAILABLE COPY

We are transmitting herewith the attached:

X AMENDMENT


FEE CALCULATION:

FEE CALCULATION	No. of Claims Filed	No of Claims Previously paid for	No. of Extra Claims	Rate	Fee
Total Claims	41	38	3	x 18	54
Independent Claims	4	3	1	x 86	86
Multiple Dependent Claims	0			+ 270	0
TOTAL					\$140.00

- ☐ Applicant hereby petitions for _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☒ Please charge Deposit Account No. 13-2546 in the amount of \$ 140.00 for the extra claims fee.
- X Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.
- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Date

May 4, 2004


Elisabeth L. Belden, Reg. No. 50,751
Telephone: (763) 514-4083
Customer No. 27581